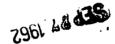
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH					
DEPARTMENT OF PU			BLIC HEALTH AND WELFARE  Registration District No. 255  Primary Registration District No. 30.53  Registrat's No. 155  STATE FILE NUMBER		
DO NOT WRITE ON THIS STUB	AMEN	DED	FILED AUG 22 1982		
VS 300	الوا	] ]	1. PLACE OF DEATH  a. COUNTY  Phelps  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence by a STATE Missouri b. COUNTY Phelps admission		
Rev. 4/59	<u> </u>		b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b   c. CITY   Inside Lim	nits	
_	AMENDED		TOWN Rolla life TOWN Rolla Yes 🗷 No.	۵ 🗅	
0817	₩		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on I HOSPITAL OR		
20817	DATE		INSTITUTION Phelps County Memorial Host Yes K No   ADDRESS 1101 Spring st., Yes   No	• 🗗	
3			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Yea (Type or print) GARY LOREN CARROLL DEATH August 12 1962		
4 0			5. SEX  6. COLOR OR RACE  7. Merried  Never Married  8. DATE OF BIRTH  9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER  Months Days Hours	24 HR Min.	
5 G			Male   Miles   Messes   10/23/1943; /8		
6	<u> </u>		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNduring most of working life, even if retired) Employ Billiard Parlor Billiard Parlor WSA  USA	ITRY	
<del></del>  9	FOLIO		138. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE NONe 15b. MOTHER'S MAIDEN NAME 11c. NAME OF HUSBAND OR WIFE		
8 2	æ		15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Yes no or unknown) I If yes give was or dates of service.		
9 🗸 🗓	ا ا اید		(Yes, no or unknown) (If yes, give wer or dates of service Loren Carroll 1101 Spring, Rolla, Mo.		
10	<		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	EATH	
11081	POP		IMMEDIATE CAUSE (a) Basal Mull foraciume 6 Eur		
12 / - 0	ᆲ	DOCUMEN			
13/-0		+	which gave rise to above cause (a), stating the underlying cause last.)  DUE TO (c) auto acceptant 6 4n	ك_	
1	5		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. If deceased was female there a pregnancy in last 90	o dayı	
16	<u>2</u>		Yes No Ur		
	AMENDMEN		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female there a pregnancy in last 90		
V O	AME		20c. TIME OF Hour Month, Day, Year INJURY a.m. AUO.12,1962	_	
RIBBON	111		20d INJURY OCCURRED 20e, PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION GOUNTY STA	ATE	
	ا و		NOT WHILE AT WORK & Highway St James Welps Mo	٠.	
2 0 E	REA		21. I attended the deceased from 5/72/62, to 8-/2-62 and lest saw him alive on 8-/2-62		
_ ¥ .	일	}	Death occurred at the date stated above, and to like best of my knowledge, from the causes stated.	1	
USE BLACI OR TYPEWRITER	SHOULD READ	IT OF			
-	<del>                                      </del>	AFFIDAVIT	23a. BURIAL REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)		
	NO NO		Burial 8/14/1962 Rolla Cemetery Rolla, Mo.  24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		
	ITEM	BY A	Carl J. Glenn West 10th. st., Rolla, Mo. Aug. 13 1962 Dading L. Stol	0	
	1-11	1 1-1	(Licensed Embaimer's Statement on Reverse Side)		



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Colo Sele
Student	Signed Signed
Signature of Student Embalmer	Licensed Embalmer No. 4707
	Licensed Embalmer No. 4707
	BO Address Rolla, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.